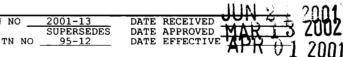
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DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION 1. TRANSMITTAL NUMBER: TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL PROGRAM IDENTIFICATION FOR: HEALTH CARE FINANCING ADMINISTRATION SECURITY ACT (MEDICAID) 4. PROPOSED EFFECTIVE DA TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES -Catober 1-2000- Apr 5. TYPE OF PLAN MATERIAL (Check One): ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ NEW STATE PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for e 7. FEDERAL BUDGET IMPACT 6. FEDERAL STATUTE/REGULATION CITATION: a. FFY 2001 **b. FFY** <u>2002</u> 42 CFR 447 Subpart E 9. PAGE NUMBER OF THE SU 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: OR ATTACHMENT (If Applie Att, 4.19-A Page 7c Att. 4.19-A Page 7c 10. SUBJECT OF AMENDMENT: This State Plan Amendment is being filed as a ter to revise the DSH allocation method. 11. GOVERNOR'S REVIEW (Check One): OTHER, AS SPECIFIED: ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ■ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 16. RETURN TO: Rica Lewis-Payton, Exe The sense Division of Medicaid 13. TYPED NAME: Attn: Rose Compera Rica Levis raycon 239 North Lamar Street 14. TITLE: Jackson, mS 39201-1399 Executive Director 15. DATE SUBMITTED: June 19. 2001 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: 17. DATE RECEIVED: and an all and the contract of the first March 13, 2002 June 21, 2001 PLAN APPROVED - ONE COPY ATTACHED 20. SIGNATURE OF REGIONAL C 19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2001 21. TYPED NAME: Associate Regional Administrator Division of Medicald wdd State Operations Eugene A. Grasser 23. REMARKS: and the contribution of the few sections of the contribution of th 

meets the other qualifications of disproportionate share hospital. A high disproportionate share hospital must be licensed by the Mississippi State Department of Health, Division of Health Facilities Licensure and Certification as either General Medical/Surgical hospital, a Limited Services (as limited by the hospital licensing agency) hospital, a Psychiatric Chemical Dependency hospital or a Medical Specialty (Rehabilitation or other medical specialty) hospital. In addition, the hospital must be licensed as having public ownership and may not be licensed with ownership as follows: proprietary (for profit single entrepreneur, partnership corporation), not-for-profit corporation or association, church affiliation, industrial, or public ownership (state or local government - leased to another entity for operation of the hospital).

- (b) Disproportionate share payment adjustments to hospitals that qualify as high disproportionate share hospitals may not exceed one hundred percent (100%) of the costs furnishing hospital services by individuals who either hospital to eligible for medical assistance under this State Plan or have no health insurance (or other source of third party coverage) for services provided during the year less any payments made by Medicaid, other than for disproportionate share payments, and less any payments made by uninsured patients. purposes of this section, payments made to a hospital for services provided to indigent patients made by a State or a unit of local government within a State shall not be considered to be a source of third party payment.
- (c) Disproportionate share payments to High Disproportionate Share Hospitals will be made as follows:

The amount of funds shall be distributed to hospitals on a periodic basis to be determined



by the Division of Medicaid, based upon the ratio of each hospital's cost of uncompensated the sum of the total uncompensated care for all High Disproportionate Hospitals located in Mississippi. Share Payments in the earlier part of each year will be determined by estimate, based upon survey data submitted by the hospitals; however, in the eleventh month of the fiscal year, qualifying hospitals shall submit the actual amount of their costs of uncompensated care incurred for the first six months of the fiscal year, and these amounts shall be annualized to determine the final distribution(s) of the year, and no interim payments shall be considered final until the annual computation is determined with the last distribution of the fiscal year to which the payments relate. In no case may a hospital exceed any other limitations for payments described elsewhere in this plan.

- Low Disproportionate Share Hospitals (2)
  - (a) Α hospital is determined to be disproportionate share hospital if it meets the qualifications of a disproportionate share hospital but does not qualify as a High Disproportionate Share Hospital.
  - Disproportionate Share Hospitals (b) receive an adjustment to the operating component their Medicaid prospective rate. operating component of the Medicaid prospective rate will be increased for Low Disproportionate Share Hospitals by six percent (6%).
- (3) hospital which is deemed eligible Any for disproportionate share payment adjustment and is adversely affected by serving infants who have not attained the age of one (1) year and children who have not attained the age of six (6) years, may within sixty (60) days of the rate letter, request an outlier payment adjustment to the established rate for those individuals. Adversely affected is defined as exceeding the operating cap of the class of the facility. The outlier adjustment is only for claims filed for Medicaid recipients under six (6) years of age and is the difference between the rate subject to the operating cap and the calculation of the rate without applying the operating cap.

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